

CLAIMS ONLY							Application Number <u>101741342</u> Filing Date	
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep: 3
 Total Depend: 17
 Total Claims: 20

Total Indep: 9
 Total Depend: 21
 Total Claims: 30

Total Indep: 9
 Total Depend: 23
 Total Claims: 32